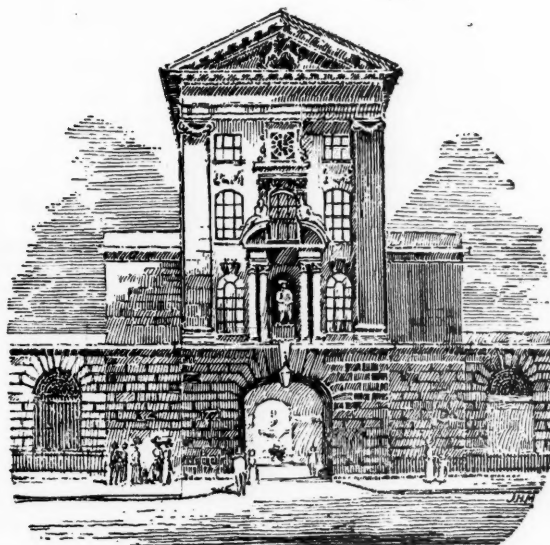


ST BARTHOLOMEW'S HOSPITAL JOURNAL



VOL. XXXVII.—No. 10.

JULY, 1930.

[PRICE NINEPENCE.]

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"Æquam memento rebus in arduis
Servare mentem."
—Horace, Book ii, Ode iii.

JOURNAL.

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JULY 1ST, 1930.

PRICE NINEPENCE.

CALENDAR.

- Tues., July 1.—Prof. Fraser and Prof. Gask on duty.
Wed., " 2.—Cricket Match *v.* University College. Away.
Tennis Match *v.* Royal Naval College. Home.
Fri., " 4.—Sir Percival Hartley and Sir Holburt Waring on duty.
Sat., " 5.—Tennis Match *v.* Campden Hill L.T.C. Away.
Tues., " 8.—Sir Thomas Horder and Mr. L. Bathe Rawling on duty.
Wed., " 9.—Cricket Match *v.* St. Anne's. Away.
Tennis Match *v.* Royal Artillery (Woolwich). Away.
Fri., " 11.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Sat., " 12.—Cricket Match *v.* Hornsey. Home.
Tennis Match *v.* Staff College. Home.
Tues., " 15.—Dr. C. M. Hinds Howell and Mr. Harold Wilson on duty.
Swimming Match. Inter-Hospital Cup Final.
Wed., " 16.—Tennis Match *v.* Royal Naval College. Away.
Fri., " 18.—Prof. Fraser and Prof. Gask on duty.
Sat., " 19.—**Last day for receiving matter for the August issue of the Journal.**
Cricket Match *v.* R.A.F. (Halton). Away.
Tues., " 22.—Sir Percival Hartley and Sir Holburt Waring on duty.
Fri., " 25.—Sir Thomas Horder and Mr. L. Bathe Rawling on duty.
Sat., " 26.—Tennis Match *v.* Winchmore Hill. Home.
Tues., " 29.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.

EDITORIAL.

DR. T. W. SHORE.

THE retirement of the Dean, although it was expected, comes with none the less of a shock. The first glimpse of St. Bartholomew's has been intimately bound up with his figure and his personality for so many generations of students, and he

so admirably played his part, that it seems impossible to think of the School without him.

What he has done for the Medical School is little known by the present generation—not many know even how he worked with Sir Anthony Bowlby to secure the ground at Winchmore Hill—but, when the next chapter in the history of the Hospital comes to be written, his influence and the great work which he accomplished will receive the full honour that is their due.

We publish elsewhere a short appreciation of his services, and we wish him all happiness in his retirement.

* * *

THE FIRST OPERATION IN THE NEW BLOCK.

Sir Holburt Waring performed the first operation in the new Surgical Block on Tuesday, June 17th, 1930. He was assisted by Mr. Girling Ball. The gallery in Heath-Harrison Theatre was full one hour before the operation was due to begin. Mr. Girling Ball, in an excellent speech, pointed out how all the credit for obtaining the new Surgical Block and theatres was due to Sir Holburt, who had worked hard for years on behalf of his colleagues. The surgeons had been working at a great disadvantage for the past twenty years, being forced to use what were put up originally as temporary theatres. Sir Holburt, in reply, said that the new Surgical Block was unique, there being no similar arrangement of wards and theatres in the world.

The operation list was representative of modern surgery, and the actual first operation, a favourite with Sir Holburt, was that for the cure of a clicking jaw. The first anæsthetic was given by Dr. Frankiss Evans, with the new anæsthetic installation.

The theatre staff deserves congratulation on the efficiency with which it worked in the new surroundings. The only sad note was struck by the dressers, who watched the proceedings from the confines of a pen,

instead of enjoying that freedom of the theatre which has always been prized and respected by their predecessors.

Among the many spectators were Prof. de Quervain and Lord Moynihan.

* * *

Congratulations to Dr. A. E. Gow on his appointment as Physician to the Hospital.

* * *

Mr. Girling Ball has been elected Dean of the Medical College. We extend to him our congratulations and a hearty welcome, more than tinged with admiration. The cares of a large and growing private practice, and of a hospital practice, combined with those of the Deanship, will assuredly keep him busy.

* * *

FINAL FELLOWSHIP.

The Final Fellowship results maintain the traditionally high percentage of successful Bart.'s candidates. Eighteen of the forty-three who are entitled now to the Diploma of Fellow attended the special course at Bart.'s.

* * *

On Friday, June 20th, the Clinical Applied Physiology lecture was delivered by Prof. Van Slyke on the "Chemistry of Nephritis."

* * *

We congratulate the following on their appearance in the list of Birthday Honours:

C.B.—Sir Harold D. Gillies, F.R.C.S.

M.V.O.—C. V. Braimbridge, F.R.C.S.

Kaisar-i-Hind Medal.—J. E. Sandilands (recently deceased).

ACKNOWLEDGMENTS.

Acta Ophthalmologica (Copenhagen)—*The British Journal of Nursing*—*The Bulletin of the American Hospital Association*—*Bulletin de l'Hôpital Saint-Michel*—*Bulletins et Mémoires de la Société de Médecine de Paris*—*Caduceus*—*Cambridge University Medical Society Magazine*—*The Clinical Journal*—*L'Echo Médical du Nord*—*Les Echos de la Médecine*—*Giornale della Reale Società Italiana d'Igiene*—*Guy's Hospital Gazette*—*The Hospital*—*The Kenya and East Africa Medical Journal*—*King's College Hospital Gazette*—*The London Hospital Gazette*—*Long Island Medical Journal*—*Medical College Magazine* (Calcutta)—*The Medical Journal of Australia*—*The Middlesex Hospital Journal*—*New Troy*—*The Nursing Times*—*The Post-Graduate Medical Journal*—*St. George's Hospital Gazette*—*St. Mary's Hospital Gazette*—*The St. Thomas's Hospital Gazette*—*Rivista di Scienze Applicate all'Educazione Fisica Giovanile*—*The Student*—*The University of Toronto Medical Journal*.

T. W. SHORE:

YEARS OF SERVICE, 1879-1930.

THE Dean has retired!

After full fifty years of unbroken work at Bart.'s he is surely entitled to his rest, though his resignation will leave a gap in the ranks difficult to fill.

In the last fifty years the Dean has seen the rise and development of modern medical education, and the gradual but steady change from the Hospital as it was made by Gibbs to what it is now. He has seen the Library completed following the demolition of the old Giltspur Street Gate; he has seen the Dissecting Room built, the Lecture Theatres, the Biological Laboratory, the Out-Patient Department, the Pathological Block, the Nurses' Home and the new Surgical Block.

This is a wonderful record—wonderful because it is a record in stone and buildings of the rapidity of the development of modern medicine, to find a parallel to which one must go back to Ancient Greece. Buildings are important, but are as nothing compared with the men who work in them, and in this last fifty years Bart.'s has passed through a period of transition during which its Medical School has evolved from a system of apprenticeship to a high position in the medical educational world.

T. W. Shore has been in the midst of this movement—in fact it may be said that in large measure it is due to his work that our Medical College stands where it does.

Sir Wilmot Herringham summed up his views in a pithy sentence when he said, "The reign of Shore has been a great one." And so it has. He came here in 1879 after gaining the Entrance Scholarship in Science; he won many scholarships during his student's life and qualified in 1883. Dr. Gee took him as his House Physician, and immediately after he was appointed Lecturer on Comparative Anatomy. In 1891 he was appointed Warden of the Residential College, occupying the house to which Paget brought his bride, and in which the Matron is now living. In 1891 the Warden was the Secretary of the Medical School, and thus the chief executive officer from the educational side. It was in this capacity that Shore began to show his ability as an educationalist and administrator, powers which grew and grew as he matured. In 1892 the medical curriculum was changed and became a five-years course, and then the Lectureship on Comparative Anatomy was changed, and Shore became Lecturer on Biology.

As a lecturer he was pre-eminent. Though not using the powers of oratory beloved by Savory and Paget, T. W. Shore was most persuasive with his chalk. His

lectures are still vivid in the minds of those who heard them. They still remember how on the blackboard he used to make a cell divide and re-divide, assume the morula stage, develop the body-cavity or coelom, and so to the adult stage. Nothing like it has been shown at Bart.'s until Dr. Canti's film demonstrated how a living cell grows and has its being. Shore's diagrams on the blackboard were slower, but a good deal more useful to the student. The College signalized his services by electing him Emeritus Lecturer in Biology in 1923.

In 1906, owing to the increase and complexity of medical education, the organization of the Medical School was changed, and T. W. Shore was elected its Dean; and later, when the Medical School became a College incorporated under Royal Charter, he followed on, and retained this position until his retirement.

His policy has always been to secure for the students a broad liberal education on sure foundations. Through many times of difficulty this has been his guiding star, and it has served him well.

He retires now full of years and honours, and he takes with him the goodwill of hundreds and thousands of old Bart.'s men for whom he has laboured, and the knowledge that he has done a fine piece of creative work.

G. E. G.

ST. BARTHOLOMEW'S FIFTY YEARS AGO.

Summer Sessional Address delivered to the Abernethian Society, Thursday, June 5, 1930.

By Sir ARCHIBALD GARROD, K.C.M.G., D.M.,
LL.D., F.R.S.,

Consulting Physician to St. Bartholomew's Hospital.



R. PRESIDENT, LADIES AND GENTLEMEN,—
When you did me the honour of asking me to address you this evening, it seemed to me that, as I entered as a student here just fifty years ago, some account of the Hospital as it then was, and of the work carried on within its walls, would form a fitting subject for my discourse.

Half a century is not a very long period in the life of an institution which has celebrated its eighth centenary; but it might be thought that no previous fifty years in the history of St. Bartholomew's could have witnessed changes so profound and so far reaching as those between 1880 and 1930. Yet, if you refer to the *Hospital Journal* of July, 1912, you will find in it an address, with almost the same title, delivered by the late Sir William Church, which tells of sweeping changes between 1860 and 1880, including a complete revolution

in the nursing services, and in the system for admission of patients.

Nor must we forget how many vicissitudes our Hospital has passed through, and how closely in touch it has been with the making of history. Twice has it been rebuilt from its foundations. It has looked out upon Wat Tyler's mob in Smithfield, and upon the burning of martyrs. The flames of the Great Fire of London almost licked its walls. It has survived the suppression of the parent Priory, and its own refoundation by King Henry VIII. In recent times it has resisted successfully an intensive newspaper campaign to move it into the country, because, as it was urged, the ground on which it stands is too valuable for a hospital site. Still more recently its windows have been smashed and its gate scarred by bombs dropped by hostile aircraft, and it carried on through the war with a greatly reduced staff, whilst its sons served their country alike at home and abroad.

There is not really any breach of continuity between the days of Rahere and the present time. Every day, from then to now, the sun has risen upon this place, and every day before it set something had been learnt and something done for the relief of human suffering; until, by the accumulation of knowledge acquired here, and in other centres of medical work, medicine and surgery as we know them have been built up to their present stature. Yet it would be hard to match the changes wrought by the last half century, not in medicine only, but in all aspects of life.

Indeed the world was very different in 1880. Picture to yourselves, you students of to-day, a world in which there were no telephones, no electric lights, save an occasional arc lamp, no motor cars, and very few fixed baths, not to mention such innovations as aeroplanes and wireless transmission. It was a world of horse vehicles in which, when a member of the Staff was wanted at night, a porter was sent in a hansom cab to fetch him; a world in which the noise of the traffic was quite different, although the sound of iron tyres upon granite blocks had no advantage over the noises of to-day. Yet, having no conception of such things we did not hanker for them, and one may be allowed to doubt whether the invention of the petrol engine has made any addition to human happiness comparable to the increase in the death-roll which it has brought about. The hansom cab was a pleasant vehicle to ride in, so long as the horse did not fall and throw one against the glass.

So, too, when I let my thought go back to my student days in this place, I realize that not only have new buildings been erected and old ones pulled down within the precincts of the Hospital, that not only has the Staff

increased in size, and the members of the Staff of those days have all passed away, but also that the subjects taught here, and the methods employed for the diagnosis and treatment of disease have changed beyond recognition. The medicine and surgery which we learned have been transformed by the acquisition of different outlooks upon the problems of pathology, different methods and sometimes different aims of treatment.

If one of the physicians to this Hospital in 1880 had fallen asleep, as Rip van Winkle did, and wakened into the wards of to-day, he would be wholly unable to understand what his successors are talking about, unless perhaps his early training, in days when Greek was still compulsory, should enable him to interpret some of the terms in use. Just as to him such words as carburettor and petrol, wireless and broadcasting, fuselage and hangar would have no meaning, the same would be true of leucopænia, auricular fibrillation, X-rays, anaphylaxis and allergy, to mention only a few of the medical terms in common use among you. But never forget that he did his bit, and those who followed him did their bits in helping to build up that new knowledge which is presented to you ready made.

One of the most striking differences between 1880 and now is the great increase in the size of the Staffs of the Hospital and School, but I would point out that the number of students was as great then as it now is: the entry of full students in 1880 was over 140.

There were four full and four assistant physicians, a corresponding number of surgeons, two obstetric physicians and two ophthalmic surgeons. These twenty men constituted the Hospital Staff. The various special departments were under members of that Staff, and also the chief lectureships. An assistant surgeon, Mr. Morratt Baker, lectured on physiology, with the help of Dr. Klein, who had been recently appointed to teach histology. Only the lecturers on chemistry and botany were not medical men. Dr. Norman Moore, Warden of the residential college, lectured on biology and demonstrated in morbid anatomy. The lecturer on pathology was Dr. Wickham Legg, an assistant physician.

A demonstratorship in anatomy was the natural stepping-stone to the surgical staff, and one in physiology to the medical staff. There were medical and surgical registrars and a medical tutor.

There were four house physicians and four house surgeons (who were each appointed for a whole year), an obstetric assistant and an ophthalmic house surgeon. The medical and surgical resident posts were thus much fewer and were much sought after. To be in the wards for a full year gave splendid opportunities of gaining knowledge and experience, but to come into office as I did, in the middle of a full-duty week, without any previous

experience, was rather alarming. Each firm was on duty one full week in every four, and, as there were no assistant house physicians, the man on duty never left the Hospital precincts during his duty week. The house physician on duty had to see all casualty patients except those who attended between the hours of 9 and 10 in the morning. To hold a resident post of that kind was undoubtedly a great privilege, but it was obviously desirable that the advantages should be extended to larger numbers, and the preliminary training in the junior post is likely to make a man a more efficient officer when he attains to senior standing.

Of the physicians and surgeons to the Hospital in those days, a large proportion had attained, or afterwards attained, to leading positions in the profession. Amongst the sixteen of them were one future President of the Royal College of Physicians, and two who became Presidents of the sister college; and one, Mr. Howard Marsh, who became Master of Downing College, Cambridge. Upon no less than six of them baronetcies were conferred. You will see portraits of several of them in the Great Hall, and the names of some at least must be familiar to you all.

Doubtless you will be more interested by an account of the Hospital as it was, and of the work which went on in it, than of men whom you never saw and whose voices you never heard. Yet these were the men who were shaping our minds and influencing our outlooks, and even determining our careers, and the outcome of whose experience is being handed down to you by those whom they taught. I could easily speak of them for the rest of the time at my disposal, but what I do say shall be brief.

For each one of us some personalities of our early days stand out with special clearness, but these are not the same for all of us.

My earliest steps in clinical medicine were guided by Dr. James Andrew, but partly, too, by the Sister Mark of that day, Miss Greenstreet, of whom I always think with gratitude. Dr. Andrew, formerly a Fellow of Wadham College, Oxford, was a most wise and prudent physician, not a man of many words: one who wrote little, but taught us much by precept and example. There is an admirable portrait of him by Collier in the Hall, with wooden stethoscope in hand, and in his coat lapel his favourite black-headed pin, which he was reputed to have gone to Bournemouth to fetch between sittings to the artist. A clerk once asked him, in my hearing, what is good for chorea. "Six weeks" was the reply.

Dr. Gee was an outstanding teacher at the bedside, a modern Hippocrates, who, like his precursor, spoke in aphorisms. More than one malady was first described

by him. He inspired the greatest admiration for his abilities in all who worked under him. He could be formidable at times, as to one whom we will call Jones: "Well, Jones, what is the cause of this?" "I am sorry, sir; I *did* know, but I have forgotten." "That is a pity, Jones, for now no one knows."

Dr. Church—for I refer to them by the names by which we knew them then—an Harrovian and student of Christ Church, was destined to reach the headship of the profession. He was wise in council, an excellent man of business, and by tastes and inheritance a country gentleman.

Mr. Savory, for whom I dressed, was an orator who approached Paget in felicity of phrase; a good surgeon, a man of incisive and sarcastic speech, but who sometimes met his match. It is told of him that meeting in the Square Dr. Klein, then a recent addition to the teaching staff, he inquired, "Well, Dr. Klein, is there anything new about the red corpuscles of the blood?" "No, Mr. Savory," was the reply, "except that they are not corpuscles and not red." Savory was the protagonist amongst the opponents of Listerism, and his opposition to the use of antiseptics was vocal and emphatic: "You had better shut that door lest one of Mr. Lister's germs should come in." He was ready to acknowledge the improvement which Lister was bringing about by his example and teaching, but maintained that cleanliness and not carbolic acid was the proper means of abolishing surgical sepsis. Yet a modern surgeon would consider Savory's notion of asepsis nothing short of grotesque.

Mr. Thomas Smith, universally known as "Tom Smith," a beloved surgeon, one of the most popular and wittiest men of his generation, was a man of keen mind and deft fingers, whose rapid and skilful operations attracted many onlookers. He was the first to operate for cleft palate in young children, and the instruments which he invented for that purpose go by his name. Not a few of his witty sayings were treasured by his colleagues and pupils.

Of the younger man, it was Dr. Lauder Brunton who first gave nitrite of amyl for the relief of angina pectoris. He was one of the kindest of men, an inveterate researcher, but sometimes too easily convinced. In a small laboratory up near the Museum, he and his helpers carried out pharmacological investigations. The application of pure science to medical problems was his ideal. From my old chief, Dr. Duckworth, one of the most careful of physicians, I gained a sound grounding in clinical methods and the use of remedies by watching his practice during my house-physiciancy. Another to whom I look back with reverence and affection was Mr. Butlin, a man of slight physique and boundless energy,

keen alike in his public work for the profession, in his practice and in pathological research on malignant growths. To him modern laryngology owes much. Yet he was never too busy to help a student. To him also must be assigned a place among St. Bartholomew's orators. He, like Savory, became President of the Royal College of Surgeons.

The then Warden of the Residential College was Dr. Norman Moore, a man of great learning, with a gift of presenting the facts which he acquired in a most interesting way, destined to attain to the Presidency of the College of Physicians. His history of the Hospital is a monumental piece of historical research.

One of the outstanding figures in that day was that great obstetric physician, Dr. Matthews Duncan, who came to us from Edinburgh. He was a great teacher and a founder of modern gynaecology.

Amongst the House-men were Anthony Bowlby and C. B. Lockwood, who already gave promise of their future achievements.

But I must not linger to speak further of persons, and can only name some other leading figures: Sir Sidney Waterlow who lived as Treasurer in his official house; Mark Morris, the Steward, the very embodiment of efficiency without friction, whose portrait by Ouliss hangs in the Steward's Office. Many other figures have places in the memory picture of Bart.'s in 1880—Beadles of Herculean strength, and many others who served the School in various capacities. Nor can I omit to mention how much in those days, as at all times, the efficiency of the work of the Hospital depended upon that of the members of the nursing staff.

Let me now try to give you an impression of what the Hospital was like when I entered as a student, but taking you for a sort of personally conducted tour. Let us suppose that we have dropped off a horse 'bus at the bottom of Giltspur Street (one could drop off 'buses without undue risk in those days), and as we walked towards the gate we had the buildings of Christ's Hospital (the Blue Coat School) on our right abutting upon the new Medical School Building, the Library Block opened in the previous year. Between the school and King Henry VIII Gate was a row of shops, Arnold's and Ferguson's, and also a bunshop, which helped to make very inadequate provision for the inner man of the student. He could, indeed, get lunch in the College Hall, but usually preferred not to do so.

King Henry's Gate is unchanged. On passing through it one saw on the right, about where the gun now is, a building of one floor with a skylight, which was originally built for the weekly ceremony of admission of in-patients, but had been converted into an anatomy theatre. Later, this same building became the first

Electrical Department, and later still the Inquest Room, and was finally demolished when the Pathological Block was built.

As one passed through the archway the Square looked much as it does now, save that there were no shelters. In his *Carmen Elegiacum* the late Poet Laureate, Robert Bridges, spoke of its shady trees, its well-trodden ground which served as a forum, and its splashing fountain, in first-class Latin verse. How very many confabulations has that fountain seen, or rather heard? ! How many have sat around its edge, and, in days when coats had tails, how many got them wet!

At half-past one, as now, you would have seen the gathering of the house-men, clerks and dressers, all waiting for their chiefs, but there were no white coats among them. Presently a brougham drawn by a pair of grey horses would drive into the Square to the entrance of one of the blocks, and from it would alight Dr. Gee, small and alert, wearing the orthodox frock-coat and tall hat of the Victorian Consultant. Then perhaps his private hansom would bring Mr. Tom Smith, and others would arrive in turn. Then students and residents would sort themselves out into groups, following their respective chiefs.

Let us suppose that we have attached ourselves to the physician on duty, and have followed him first to the post-mortem room, a small triangular place tucked away in the south-west corner of the square, and then have gone with him to his ward, up the stairs—perhaps all three flights, for there were no lifts as yet, and no such ample sisters' rooms, the provision of which essentials greatly spoiled the handsome sweep of the staircases.

The ward itself would have looked much as it does now, but there were no fixed basins. An ample coal fire burned on the spacious hearth, and the poker of broodingnagian size could form a formidable weapon in the hands of a maniacal patient.

Perhaps "the round" would scarcely have begun when a more or less breathless porter would announce to the house physician that there was a case in a cab in the Square, and he, with permission from his chief, would go down to see it; and this might recur several times in an afternoon.

The reorganization of the nursing staff was by that date almost complete, and the dress but not the cap of the nurses was as now, and no longer the sombre brown of which Sir William Church spoke in his address.

In almost all medical wards there were a few cases of typhoid fever, nursed, of course, with all due precautions, and often a case of diphtheria in a cot. The only isolation ward was Radcliffe, which was devoted to patients who developed scarlet fever in hospital, and occasionally contained typhus cases. Doubtless the removal of

typhoid cases to isolation hospitals was a right move, but the loss to clinical teaching in general hospitals is very great. No malady offers so great opportunities for clinical teaching throughout its course, and the student who watched the patients day by day, who saw the methods of nursing employed, who observed the temperature, pulse and heart-sounds of the patients, and the treatment employed in the various emergencies which may arise, learned priceless lessons.


If I am not mistaken, there was only a single board above each bed, which carried notes, prescriptions and temperature charts, held in place by overtaxed drawing-pins. The chart was a rather new addition, for only ten years or so previously had the clinical thermometer come into general use in hospital wards, and ten years before that it had not been invented, in any portable form. There were no coloured slips with laboratory reports, for there were no laboratories to furnish them.

The student had to learn more of the niceties of clinical examination by methods dependent upon his own senses, for he had to rely upon these without such aids as leucocyte counts, Widal's and the like. But nevertheless I must admit that the physician of to-day is more skilled in the recognition of the earliest signs of pulmonary tuberculosis—partly no doubt because he has been able to check his observations by the detection of the tubercle bacillus in the sputum.

As to treatment, much more attention was paid to the writing of prescriptions, now becoming a lost art, and there was much more belief in drugs.

(To be concluded.)

ON CLINICAL PSYCHOLOGY.*

N entering this familiar theatre to lecture for the last time as a member of the active staff, my thoughts not unnaturally go back to the first time I heard a lecture within its walls thirty-six years ago. It was by Sir James Paget.

Now there have been two great changes in medicine since those days; first, the rise of clinical pathology, and then what we may term clinical psychology. Lest we should be unduly puffed up, it is useful to remember that Sir James Paget, although a surgeon, advocated a psychological approach to medicine. The medicine of those days is often labelled materialistic, but no Paget could be merely a materialist. Listen to this letter he wrote to Sir Henry Acland in 1886:

"This clever, charming and widely-known lady will some day disgrace us all by being juggled out

* A clinical lecture delivered at the Hospital on June 20th, 1930.

of her maladies by some bold quack, who by mere force of assertion will give her the will to bear or forget all the turbulences of her nervous system."

Or these extracts from his lectures on nervous mimicry:

"Be clear that these patients are not all silly or fraudulent. . . . The probability of mimic rather than real disease will be much increased if the symptoms seemed to follow any great or prolonged mental tension. . . . Egotism has its keenest life at and about the supposed seat of disease. . . . The neuro-mimetics will talk of their agonies with calm and smiling faces, or with half-closed quivering eyelids; some seem proud in the immensity of their ailments; in some there seems to be an unbounded capacity for the enjoyment of suffering."

And then his well-known aphorism, "The patient says 'I cannot'; it looks like 'I will not'; but it is 'I cannot will.'"

But it must be admitted that such an attitude was the exception rather than the rule. Even to-day the study of the patient as an individual rather than as a case is often neglected. In hospital that is almost inevitable, since we see the patient detached from his environment. We are satisfied if we can exclude organic disease, but even organic diseases have a penumbra of functional symptoms. On going into practice you are presented with an entirely different aspect, for which we can do but little to prepare you here—the problem of the patient's environment. The treatment of the patient's relations is often more difficult than the treatment of the patient himself. You have to consider him as an individual with contacts and interactions with other individuals who may have profoundly influenced him for good or ill, and can continue to influence him now. You will see him for a limited time each day, but the environment is always with him. What a profound difference it must make to the success of your treatment if his entourage is enthusiastically supporting you, or if the recurrent *motif* is "I suppose Dr. So-and-So is very clever, but I wonder if ———."

The fallacy of treating the patient merely as a case has been pilloried by Dr. Crookshank in this somewhat caustic manner:

"It has recently been said by Biot of Lyons that there are only two orthodox schools of medical thought—the Necrological and the Veterinary! Of these the first, which may be called the post-mortem or Mortuary School, is now a little *démodé*. It arose first in France more than a century and a quarter ago, and owed its juvenile activity to opportunities afforded by war and the guillotine during the age of Reason and Liberty.

In England, a little later, several London hospitals became, as it were, chapels-of-ease for the propagation of the new and lugubrious creed, being directed to this end by several eminent necrologists whose names we still commemorate in the diseases they invented."

Physicians of the veterinary or analogical school do at least admit the advisability of studying life in living objects. "But holding all things 'subjective' and therefore contemptible that are not revealed at the scalpel's point or by the scratching of a needle on a smoked drum, they are not prepared to allow 'what the patient says' to be heard in evidence. They will not allow that the making of a statement, whether true or false, by any patient is a datum at least as 'objective' and as worthy of interpretation as the making of a noise, whether systolic or diastolic, by any heart. On the contrary, they choose to reason analogically from a rabbit or a rat rather than to observe directly at the bedside, or to discuss analytically in the consulting room."

This is an amusing over-statement, which contains more than a grain of truth. Particularly is it the fact that the patient's statements, even if demonstrably false, are important. They throw a flood of light on his whole mental attitude to his disease. They may even show that his mental attitude *is* his disease.

To-day I want to urge a clinical, a biological approach to the neuroses. The Freudian is so occupied with the drains that he can hardly spare time to consider the physical state of his patient, while Jung is apt to retreat into the clouds of mysticism. To the practising physician, who is constantly seeing patients troubled in mind, body or estate, either singly or simultaneously, the more realistic psychology of Adler has an increasing appeal.

The most striking thing about protoplasm is its incessant urge to assert itself as strongly as its environment will permit. This is the real struggle for existence. In isolated culture media, embryonic kidney-cells assume a growth that is positively malignant. Put some embryonic connective tissue into the culture and the kidney-cells promptly conform to type and make normal tubules. The whole story of multicellular organisms is one of mutual adjustments between the different tissues, each trying to do the best for itself within the limits of those adjustments. And similarly the individual composed of such tissues struggles to achieve the best it can within its environment, or to change into a more favourable one. The diploid fish, gasping for breath on the mud-flats and struggling with its spiky fins to reach the land, was, no doubt, actuated by the need to escape from the competition of life in the sea towards the abundant food supply on the land. From

that successful struggle all the land vertebrates and ultimately man himself arose. The power motive is, therefore, inherent in every cell of our body and is inherited from our remotest ancestors.

Sigaud has well said that disease is not an "entity," but a dissociation of the functional unity of the individual. Clearly such dissociation may be physical, psychical or both. Congenital defects, whether structural or inborn errors of metabolism, may hamper development by an organ-inferiority. An atrophy of one structure may lead to a compensatory hypertrophy of another—thus a contracted kidney will cause hypertrophy of the heart. It was on such facts that Adler formulated his doctrine of the development of the neuroses and psychoneuroses in connection with organ inferiorities. Just as a deformity can alter the posture of the body, so an organ-inferiority can alter the attitude of the mind.

Now the mental attitude, or what Adler calls the *style of life*, is founded in the first four or five years of childhood. From this time onwards the answers to the questions put by life are dictated by an almost automatic response based upon this style. The power motive will express itself quite differently in an only child, the eldest child, the second child or the youngest child. It is a profound mistake to think that children of the same parents living in the same home have the same environment any more than they have an identical germ-plasm. The style of life then formed has later on to adapt itself to three great questions—Society, Occupation, Sex—which we may call the S.O.S. of each individual. Only if he can make suitable adaptations to these three can he be happy and fit. If he is hampered by any structural or functional inferiority in making any of these adaptations there are three possibilities. The result is either (1) overcoming—success, or even the triumph of genius, (2) neurosis, psychoneurosis or psychosis itself, or (3) disease, degeneration and decay. As Crookshank puts it, "For body as for soul, there is the effort that overcomes weakness and leads to strength, the hesitation and *compromise* that means evasion of difficulty and leads to neurosis; and the despairing *retreat* that entails frank disaster."

The particular aspect I want to stress to-day is the way in which that compromise or retreat almost invariably takes the form of phantasy-thinking—the escape into a dream world to compensate for the difficulties of the real one. I should like to illustrate it by one of H. G. Wells's earliest stories, *The Door in the Wall*.

You may remember that story of an outwardly successful man who had something hidden in his life, a haunting and beautiful memory which made all the

interests of worldly life seem dull and tedious to him. His mother died when he was two; his father was a stern, preoccupied lawyer, who gave him little attention, but expected great things of him. One day, when he was five years old, he wandered off among some roads in West Kensington. Suddenly in a quiet street a white wall and a green door stood out quite distinctly. He hesitated because he had the clearest conviction that either it was unwise or it was wrong of him, he could not tell which, to yield to this attraction. "Then he had a gust of emotion. He made a run for it lest hesitation should grip him again; he went plump with outstretched hands through the green door and let it slam behind him. And so in a trice he came into the garden that has haunted him all his life." It was an enchanted garden, that stretched far and wide, with hills in the distance. "Heaven knows where West Kensington had suddenly got to. And somehow it was like coming home. . . . There was no amazement, but only an impression of delightful rightness, of being reminded of happy things that had in some strange way been overlooked. . . ." Then presently came a sombre dark woman who showed him a book, in the living pages of which he saw himself and all the things that had ever happened to him since he was born, up to the time that he saw himself hovering and hesitating outside the green door in the long white wall, and felt again the conflict and the fear. "And next—next," he insisted and struggled to turn over the page. And as he turned the page he found himself in the long grey street in West Kensington in that chill hour of the afternoon before the lamps are lit.

Again and again he tried to find that door, but the significant thing is that he was never able to find it when he searched. But several times in various crises of his life he unexpectedly saw the door, but could not stop to enter. Thus, when he was driving to Paddington to catch a train for Oxford for a scholarship examination he saw it, dared not stop, and won the scholarship. He said: "My grip was fixing now upon the world. I saw another door opening, the door of my career." While life went successfully and its rewards were adequate he did not see that door. But when he had achieved and become disillusioned by success he found that door and walked through.

Let me tell you the end of the story in the author's own words. "They found his body . . . in a deep excavation near East Kensington Station. It is one of two shafts that have been made in connection with an extension of the railway southward. It is protected by a hoarding, in which a small doorway has been cut for the convenience of the workmen. . . . Did the pale electric lights cheat the rough planking into a

semblance of white? Did the fatal unfastened door awaken some memory?

"I am more than half convinced that he had a sense that, in the guise of wall and door, offered him an outlet, a secret and peculiar passage of escape into another and altogether more beautiful world. At any rate, you will say, it betrayed him in the end. But did it betray him? There you touch the inmost mystery of these dreamers, these men of vision and imagination. We see our world fair and common, the hoarding and the pit. By our daylight standard he walked out of security into darkness, danger and death. But did he see like that?"

To me one of the most interesting things about this parable is that it was written just before the present century, when our ideas on such subjects had hardly taken shape. The boy was a lonely and unhappy child; his first definite step into fantasy took place when he was five, that is to say when his style of life was just formed. It is the unhappy child who is most the prey of fantasy, as a means of escape. The garden symbolizes such an escape, and you will note that his entrance into it was heralded by a sense of conflict and fear—as all neuroses are. When he tried to turn over the page of that book of life to read the future, fantasy failed him, as it always does, and he was thrown back into real life. The story particularly insists of the temptation to retreat into fantasy whenever some difficulty presented itself or when some special effort was called for. But when worldly success was attained fantasy had less fascination for him, until that success was found unsatisfying. The final retreat into fantasy was such a gross departure from reality that it brought what seems to us disaster, but was for him an escape. The author's meaning is clear, though the power of his imagination had outrun the then state of our knowledge.

Fantasy, then, represents a retreat, expressing a desire for attainment without effort. Consciously followed for purposes of artistic expression, it may add to the beauty and enjoyment of life. Unconsciously or subconsciously adopted as a means of achievement of a desire without effort, it always does harm and may lead to serious neuroses. It is quite natural for a child to indulge in fantasy, but unfortunately the attitude adopted towards children in the past, and to a lesser extent even to-day, fosters the carrying of fantasy thinking into adult life. The attitude I refer to is one of implying that all the inevitable limitations and restrictions of childhood will cease when the child is grown up, and at the same time telling him that childhood is the happiest time of life. These statements are glaringly inconsistent, and when their untruth becomes obvious, the disillusionment drives those who are not fairly tough-minded to seek a way of escape. The child must

be treated as a reasonable being and a potential adult. Life must be presented to him in terms of reasonable expectation, in language of a kind suited to his stage of development.

Of course, to some extent we all live in a world of fantasy. Life would be hardly endurable if our friends treated us with the same frank criticism to our faces that they habitually indulge in behind our backs. We have got to live with ourselves for a long time, and it is therefore necessary that we should find ourselves more interesting and charming than others need, who do not see so much of us. We cannot escape from ourselves, but others can and do find respite in our absence.

The clinical importance of fantasy thinking is that it accounts for the undue optimism of some patients and for the imaginary ills of others. The man who tells you that fortunately he has a good constitution when you have found him suffering from a hypertrophied heart, arterio-sclerosis and granular kidney is merely deceiving himself, but it may enable him to bear his ills more hopefully. But don't forget that he is sometimes merely whistling to keep his courage up. To take a simple instance of this method leading to imaginary ills: A lady, aged about 40, told me a short time ago that when she was sent to boarding-school she loathed it. An only child and not a happy one, she hated the communal life. So she developed a sick headache, and continued to have it until at the end of three weeks she was allowed to go home, never to return to school. The lesson was learned—sick headaches were a way out from things you did not want to do. She has continued to invoke their aid, but has apparently forgotten their unreality: indeed, her handbag is an amusing compendium of remedies. On the very morning she told me this story of her schooldays she had a luncheon engagement which she frankly expected to bore her. I was not surprised that about noon she developed a prostrating headache, which quite incapacitated her from going to that lunch, and she seemed quite unaware that she had, by telling me that story, given herself away completely. I was, further, not at all surprised that later in the day an invitation to dinner and a dance in more agreeable company completely relieved the headache. The power motive, the getting her own way, was achieved without effort by a retreat.

This power motive, if its normal, healthy expression is barred, may assert itself through weakness. In a former lecture I instanced a woman who, having devoted all her energies to the bringing up of her children, found herself without an interest in the world when they had grown up and left the home. Then she had an illness and all the family rushed back to her bedside.

Once again the household revolved around her. Now she knew how to keep her children, and she began "to enjoy bad health"—a significant phrase. A woman can also satisfy her power motive by making her husband realize that though he is something in the city, he is nothing much at home!

A girl in the early twenties was admitted to Mary Ward suffering from various neurotic symptoms and maintaining that she could not see. There was nothing to be found wrong with her eyes. She had been in business and was very happy in her work. One day more help was required in the office, and she recommended her younger sister, who was given the work. This younger sister proved herself so much abler than the elder that she was soon promoted over her head and given a larger salary. From that the failure of eyesight dated. The implication of the power motive clearly was, "I was only beaten by my younger sister because my eyesight failed," and ultimately by seeming to be blind she became the centre of interest. She was quite cured by psychotherapy, and I was recently told by her doctor that she remained quite well.

Sometimes the neurosis has a more vindictive origin. It is well to note who is being most inconvenienced by the patient's neurotic symptoms. A little further investigation will reveal that the patient has a concealed hostility to this individual. Here there is a real desire to hurt.

A neglected child will generally develop fantasy thinking as a compensation. Thus a girl aged 13, with a father who suffered from a nervous breakdown, which was cured by Christian Science, so that there was a neuropathic inheritance to start with. Both parents adopted the view that children must be allowed to develop themselves without any interference. But that was merely a cloak for a lack of interest in this child, for the mother was passionately devoted to the younger child, aged three, who was certainly not allowed to develop without interference. The thirteen-year-old sought importance among her schoolfellows by constantly giving them presents. How she did this out of her pocket-money of 6d. a week was rather dubious, but there was reason to suspect her honesty. One day she told a friend she had lost her purse containing 14s. The next day the purse, now empty, was returned to her through the post. Apparently she had spent the money in some way she did not wish to admit, and posted the empty purse back to herself. All the games she played centred around herself. Once she called together as many of her schoolfellows as she could muster, promising them a wonderful treat. She then produced a toy sixpenny aeroplane, which she managed to flutter feebly about while she spun fantastic yarns concerning it. In

all this the craving for power and for the limelight is clearly manifested.

The neuroses of the eldest child start from the time when he is dethroned by the arrival of the second. As Adler says, "He uses all the means by which he has hitherto attracted notice. Of course he would like to go the best way about it, to be beloved for his goodness; but this is apt to pass unnoticed when everyone is busied with the newcomer; and he is then likely to change his tactics. . . . Antagonism, disobedience, attacks on the baby compel the parents to reconsider his existence. He must have the spotlight on himself. . . . If he finds he can win in a fight, he will become a fighting child; if fighting does not pay, he may lose hope, become depressed and score a success by worrying and frightening his parents, after which he will resort to even more subtle uses of misfortune to gain his end." And we may add that the type of neurosis thus developed is apt to express itself in one of these ways throughout life. But the eldest child, "partly because he often finds himself acting as representative of the parental authority, is normally a great believer in power and the laws." At his public school he is the typical prefect. For the second child life from the first is more or less of a race: the first child sets the pace and the second tries to surpass him. It was well expressed by a little boy of four who cried out, weeping, "I'm so unhappy because I can *never* be as old as my brother."

Adler maintains that in later development the second child is rarely able to endure the leadership of others or to accept the idea of "eternal laws." He will be much more inclined to believe that there is no power in the world which cannot be overthrown. Beware of his revolutionary subtleties. For though it is possible to endanger a ruling power with slander, there are more insidious ways—for instance, by means of excessive praise: you may idealize a man or a method until the reality cannot stand up to it. Both methods are employed in Mark Antony's oration in "Julius Cæsar."

The youngest child is apt to be over-indulged or over-stimulated, or both. Adler points out that he is apt to look for a field of activity remote from that of other members of the family, which may be a sign of hidden cowardice. But youngest children tend to be the most successful.* If they are not successful in reality, they take care to become so in fantasy. Thus in fairy tales it is always the youngest son who grows rich and marries the princess.

The only child retains the centre of the stage without effort. From the extraordinary care which is lavished

* The strain of achieving such success is shown, however, by Hadfield's experience that the largest percentage of nervous breakdowns in his practice is among youngest sons.

upon him he is apt to grow up very cautious. Only children may develop charming manners because from the first they have found this to have a successful appeal. But from the lack of companionship of children of their own age they easily become self-important and precociously adult. Indeed, their frequent inability to make satisfactory contacts with their own generation is one of their besetting difficulties. If pampered they may become tyrannical until the time comes when indulgence can go no further, and then there is open warfare with the parents.

But of all children the adopted child is most prone to fantasy-thinking, once he knows the fact. Usually the truth is not revealed to him until his style of life is more or less established. In my experience, his first reaction to being told that he has been adopted is one of unreasoning anger. All the care and devotion he has had go for nothing compared with the feeling that he has been deceived. This is, also, more often than not quite a severe pain-anger; he had parents and they had no need of him. Why? Hence the exaltation to compensate for the doubts and fears which would tend to a feeling of inferiority. For this reason I am in favour of letting the child realize as soon as possible that he was adopted. The next reaction is fantastic speculation and day-dreaming about his real origin. He usually speedily convinces himself that his parents have been people of great distinction—fantasy spreads and grows. This particular form of fantasy is apt to occur even apart from the mystery engendered by adoption. For Alexander the Great even Philip of Macedon was not great enough for a father: egged on by his mother he at last came to believe that he must be the son of the god Ammon-Ra.

I recently saw a striking example of fantasy-thinking in a girl, æt. 17, who was an adopted child. When told at about the age of ten that she was adopted she developed the exalted parentage fantasy, and she tried to walk with a very light step, skimming the ground, because she felt that she was "unlike other people" and rather above the common clay. There was a phase of very emotional dreams at about twelve, and the writing of much poetry, for which she showed some aptitude. She also wrote passionate letters (which she did not send) about her love for and visualizing of life with certain sports heroes and film stars. A maternal longing was also evident, as the closing chapter was usually that of the hero-husband tip-toeing into her room for the brief moment allowed by stern doctors and nurses that she might show him the small son nestling in the crook of her arm.

She had great difficulties at school; she was not good at games or lessons, and did not get on with the other

girls. She fluctuated between exaltation and self-abasement, and finally after the holidays refused to return to school on the ground of ill-health. This excuse was also used a great deal to avoid anything she did not want to do. A baby boy was then adopted also and she was very happy in helping to look after him, but soon began to speak of him as "my little son, John." Later this boy was found to be unsuitable and other arrangements were made for him. This produced more emotional, and now melancholy, verse. Before long she developed definite fantasies of pregnancy.

Fantasy-thinking, then, springs from the conflict arising from the difficulty that the individual has in harmonizing his desires with his chances of achievement. I do not think that either Freud, Adler or Jung's theories are completely satisfactory in explaining the extraordinary reactions which may arise from such conflict. It is unfortunate, even if inevitable, that there should be hostile camps in such matters, for it is clear that each of these schools has some aspect of the truth, and that ultimately portions of each theory will be built into the edifice of sound psycho-therapy.

Freud's view that infantile sexuality is the basis of all these subterranean conflicts of the mind will almost certainly have to be modified. The conception of the œdipus-complex has been greatly over-stressed, but it remains true that the child's relations to his mother and father are among the most powerful causes of repressions and conflicts later on. His view that the unconscious thinks in symbols is very likely true, but his claim, which has been exaggerated by his followers, that these symbols are the same for everyone is not likely to stand. His insistence on *ambivalence*, *i. e.* that complexes have a double quality of simultaneous attraction and repulsion, has resulted in a very helpful addition to our knowledge. To take a simple instance, a boy may love and respect his father. "But the father is the source of punishment, and the boy is frightened of his anger and galled by his authority. He loves, fears, admires and dislikes all in one." The mingling of fear and devotion is obvious in most religions.

Adler's view that unsatisfied self-assertion is the main cause of psycho-neuroses is also probably true, but does not cover all the facts. But his claim is a sound one that a neurosis is very often adopted as an explanation for lack of success, both to the outside world and to the patient himself. If it were not for this crippling symptom I should have achieved my ambition, is the patient's defence. Look how bravely I bear this incapacity, is his bid for sympathy and admiration.

Jung's classification of extraverts and introverts has also been very helpful, but its weakness is that it has led to others trying to force individual patients into one

or other of these two categories, whereas the truth is that the vast majority of people are a bit of both. But I regard as most valuable his conception that "it is the general urge of life rather than the particular urge of sex or self-assertion which drives us on towards finer adaptations and fuller satisfactions" (Wells and Huxley). I like his forwardly directed gaze. Let us not look too exclusively at the patient's past but set his mind in the right direction for the future is the essence of his therapy. And though his idea of a collective unconscious is, in the present state of our knowledge, rather mystical, it is full of suggestion for the future. Briefly, he maintains there is a racial as well as an individual unconscious, a store of racial memories laid up in the course of generations, which form the basis of dream-symbolism and of mythology as well. This explains why primitive races, children and psychoneurotics have a similar mentality. You may say that it would also fit in with Freud's claim that the symbols have the same meaning in everyone. But the conception of a group mind, as McDougall called it, is an illuminating one. For is it not clear that there are waves of human thought which arise, one knows not where, but which spread far and wide? Sometimes they can be traced to some powerful individual agency, but more often not. "Who is this Bob, who makes all the girls cut their hair?" asked an old lady a few years ago. She might well ask, for that "Bob" was a true time spirit. The death of so many young men in the war led to a rapid spread of masculinization among girls, to be followed a few years later by a similar but less extreme compensatory feminization among young men. Now there is a return to a more normal orientation. We speak of the Victorian Age as if it were a national phase, but a very little study of the history of other nations will show that there was a very similar state of affairs in them at that time. Like-minded people begin to decorate their rooms in the same style and to admire the same artists and authors at the same time, and that often without any deliberate imitation.

The problem for the psychoneurotic is the same problem which besets us all, but it gives him more difficulty. We all have to adapt the need for self-expression and self-development to the increasing demands of the community in which we live. The same problem confronted unicellular organisms when they became multicellular. The social insects adapted themselves to the needs of the hive or nest by purely instinctive reaction to what Maeterlinck called the spirit of the hive. But for man, with his strongly marked individuality, this is not the road to happiness. His is a far more difficult task, to reconcile his individual needs to the needs of the community. He will find it easier, however, if

he realizes that there is no prospect for perfection within his lifetime either in his own career or in the civilization of which he forms a part. For we are such a recent and untried development. I like Jeans's simile: Take a column the height of Cleopatra's Needle as representing the duration of life on the earth; then a penny laid on the top would represent on the same scale the time that prehistoric man has existed, while a postage stamp on the top of the penny would represent the duration of historic times. Increase the column to the height of Mont Blanc and it would represent the time that astronomers can give us for the total duration of life on the earth.

We are living in the first century that has had any knowledge of the enormous scale on which Nature works. It might be thought that this would have a depressing effect on individual activity. But as a matter of fact we do not find, as a rule, that a depressed outlook and a retreat to fantasy-thinking is common among those who most appreciate this vast scale. Rather is it among those who centre their attention on themselves and neglect the community. One of the first things we have to help the psycho-neurotic to do, after unearthing the cause of his trouble, is to get him to feel that it is worth while to work in the common interest. By doing so, as William Brown says, he may lose some individuality, but he will gain in personality. William James put it finely when he said, "For my own part I do not know what the sweat and blood and tragedy of this life mean, if they mean anything short of this. If this life be not a real fight, in which something is eternally gained for the universe by success, it is no better than a game of private theatricals, from which one may withdraw at will. But it *feels* like a real fight—as if there were something really wild in the universe which we, with all our idealities and faithfulnesses, are needed to redeem; and first of all to redeem our own hearts from atheisms and fears. . . . Be not afraid of life. Believe that life *is* worth living, and your belief will help create the fact."

In conclusion, may I repeat what I said here in an Abernethian Address four years ago?

"The province of medicine is co-terminous with life. Nothing which throws light on life is alien from the subject to which we have to devote our very existence. Medicine started as a branch of priest-craft and magic, but gradually the sciences came flooding in one by one and transformed it. And now the youngest science, that of psychology, is clamouring for our attention. It places a new weapon in our hands, a new means of combating suffering. It refuses to accept the theory that man is merely a test-tube in which certain chemical reactions occur. To understand all the affirmations it

makes will transcend the lifetime of anyone here present. But the life of an institution like this is not limited to three score years and ten. Some of us remain here till our heads are as grey as the walls of this old Hospital, and our arteries grow almost as hard. But you represent the new life that is always pouring in, and it is for you to carry on the task, sustained by a vision of medicine as it is yet to be."

For myself, it will always be a pleasure and a pride to have shared in that task, now that the time has come for me to say, "The life to which I belong uses me and will pass on beyond me, and I am content."

W. LANGDON BROWN.

A VISIT TO DR. BÖHLER'S FRACTURE CLINIC.

THE Vienna Accident Hospital was started about five years ago, and since its beginning Dr. Lorenz Böhler has been the chief surgeon and director. A large workman's insurance organization, believing that a hospital run for and entirely devoted to the treatment of accidents would also bring about a much more rapid return to work and diminish the degree of permanent disability, started and financed such a hospital, and their expectations have been more than fully realized.

The hospital has 100 beds and the wards are small—the largest having ten beds, several only four, and some with but two beds. Cases of a similar type were grouped together—four fractured femur cases were together in one small ward, while in another room there were three men with cerebral concussion. This is a good arrangement, for in the one instance there will be an atmosphere of prolonged recumbency, while in the other there will be a quietness not disturbed by patients with injuries less severe than concussion.

Being an accident hospital fractures naturally form the majority of the cases, though a number of cases of lacerations of soft tissues without fractures are admitted, as well as a few cases of concussion, and also some of abdominal injuries and burns. It is possible to admit many cases there which could not be treated as in-patients in most London general hospitals on account of the shortage of beds.

For the really successful treatment of fractures it is essential that the whole fracture clinic shall be well organized and compactly and conveniently arranged.

Apart from the wards all the work at the Vienna Accident Hospital is centred in three rooms which are adjacent, and have doors opening from the middle one into the other two. When patients are brought to the hospital they are first taken into the receiving and

plaster-room; if they have any open wounds they are taken through to the operating theatre which is on the right and the wound is excised and sutured. If after examination they are suspected of having a fracture, they are at once taken into the X-ray room, which is on the left. A small dark-room opens off this, and the films are quickly developed and handed to the surgeon at work in the plaster-room. If a fracture is seen in the skiagram the patient returns to the plaster-room, where the fracture is at once reduced and immobilized either by plaster or by some form of extension.

If the case is a severe or even moderately severe one, the patient is then, and only then in most cases, taken to the ward, where he remains as an in-patient; less severe cases, of course, go home as soon as the plaster cast is hard. All the plaster work, re-setting of fractures, re-application of extension apparatus, etc., on both out-patients and in-patients is done in the same plaster-room and operating theatre, except in the case of patients who cannot easily be moved. This greatly facilitates the work, since everything is always to hand, and has not to be collected from various parts of the hospital to the ward or some different room or theatre.

Dr. Böhler was away when I recently visited the hospital in Vienna, but his assistant, Dr. Fritz Schnek, who was in charge, and who has been with him since the hospital was opened, demonstrated all their methods and showed me every kindness. One was greatly impressed by their attention to detail, and their reason for every detail and step in their manipulations, bandaging, etc. The application of every plaster, the turn of every bandage and the tying of every knot are standardized, and have been worked out so that they are the best; and it certainly was impressive to see Dr. Schnek and those under him doing the same thing in exactly the same way—a thing very rarely seen in surgery.

Work begins at 8 a.m. On alternate mornings all the skiagrams of the previous 48 hours are examined. The chiefs and all the house surgeons and any visitors gather together around a viewing screen; in any doubtful or difficult case the X-ray appearances are discussed and the treatment that has been carried out is mentioned. The skiagrams seen are those of all new patients, and of the old patients who have had new plaster casts or reapplication of extension in the last 48 hours. During the first few weeks in hospital every fracture is X-rayed weekly.

About 9.30 a.m. a round of the wards is made. All the house surgeons go round with the chief to all the wards daily so that everyone sees and knows all the cases in the hospital; all the extensions and splints are inspected and adjustments made where necessary. There is no undue hurry and unusual cases are discussed.

About 11 a.m., after the ward round, we returned to the plaster- and receiving-room and work on new cases and some old cases and on in-patients was carried out. The room is divided up by curtains and several patients can be treated at the same time. While this is going on other new cases with open wounds are being treated in the adjoining room—the operating theatre—before being X-rayed and the fracture set. In nearly all below-knee fractures of whatever bone plaster-of-paris is used as the method of splintage. Elbow, forearm and carpal fractures are also splinted with plaster after reduction, so that plaster plays a prominent part in the treatment of fractures. All the plaster bandages are made by a plaster-room attendant, who looks after all the splints and attends and helps with fractures in the plaster-room. The plaster bandages used are all of a standard size—15 centimetres wide and 5 metres long. The bandage material used is somewhat lighter and less stiff than that often used in this country; it is a fairly narrow-meshed gauze bandage. The plaster is rubbed into the bandages by hand by the plaster-room attendant, who makes them extraordinarily rapidly and well.

No wool or other padding is used under the plaster casts. By using the plaster directly next to the skin and by moulding it carefully over all bony prominences and into all depressions, the plaster casing or splint fits accurately and so does not move about and cause plaster sores. Plaster casts thus applied have, of course, to be made very carefully, otherwise serious trouble will result. The plaster work at the Vienna Accident Hospital was of a very high standard. If such a plaster cast is being used in a case where much swelling is likely to occur the cast is immediately cut down one side—anteriorly in the case of the lower extremity and along the radial side in the case of the forearm, but the cast is not removed, and so can still act as a most efficient splint.

One would expect to find a large and active massage department attached to a hospital which deals exclusively with accidents; but the thing which most surprises a visitor to Dr. Böhler's fracture clinic is that there is no massage department. The reason for this may best be summed up by quoting Dr. Böhler: "If we reduce exactly a broken joint and continuously hold it in a good position until union takes place, and at the same time allow the use of the fractured extremity we obtain a movable joint, while on the other hand, if we apply massage and passive movements in the first days after the fracture, the joint becomes stiff." With the fractured part absolutely immobilized, as it is in an unpadded plaster-cast, there is no pain on moving the parts of the limb which are not immobilized. As there is no pain and no cumbersome splint the patient is able

to exercise and use the fractured limb actively. With the ankle and foot completely fixed in plaster and a suitable appliance for walking fitted a patient can walk from the first few days after the fracture; if a patient is walking, although several joints may be immobilized, nevertheless the muscles will all be acting although they are acting between two fixed points. Atrophy of muscles does not then occur nor does bone atrophy come on, since the limb is being used and is weight-bearing. Persistent swelling does not occur, since the circulation is good in a limb which is being actively used during a considerable part of the day. Splints of whatever kind are kept on until the bones have firmly united in Dr. Böhler's clinic, and there is no question at all of taking splints off in a fortnight for massage and passive movements.

In the case of lower extremity fractures after the plaster cast has finally been removed a zinc-gelatine dressing is applied. This supports the limb and prevents swelling occurring, but at the same time allows free movements at all the joints. This is unnecessary in the case of upper extremity injuries.

Comparatively few open operations on fractures are performed at the Vienna Accident Hospital. In those cases where a small fragment of bone is fractured and is displaced in a joint and disability is likely to result an open operation is performed. Such fractures as both bones of the forearm at the same level or fractures of the shaft of the tibia with much displacement, which are often operated upon at other fracture centres, do not require operation in Dr. Böhler's clinic, because a combination of plaster and extension is used which in almost every case gives a satisfactory position of the fragments. If an open operation is necessary neither plates, bands nor intramedullary pegs are used; the fragments are approximated and held together if necessary by wire, and the alignment obtained by suitable external splinting with plaster. For fractures of the olecranon and patella open operation is performed; in the former case wire is used to hold the fragments in apposition, whereas in the latter case only the aponeurosis anteriorly and at the sides of the patella is sutured.

In cases of fracture of the femoral shaft apposition of fragments is obtained by traction by means of a pin passed through the tuberosity of the tibia. This is kept in for three weeks, and then replaced by skin extension on the thigh obtained by fixing gauze strips by means of a zinc-gelatine dressing; knee movements are then commenced.

The treatment of open wounds, whether associated with a fracture or not, is the same. At the Vienna Accident Hospital they do not believe in extensive cleansing and rubbing of the surrounding skin. The

lacerated skin edges are carefully excised and the wound opened widely and inspected; all soiled tissues are excised and perfect hæmostasis obtained, and the skin sutured. Antiseptics are used very little. No drainage is used in the wound. The limb is then immobilized—in the case of the forearm and calf by a plaster cast, and a window is cut so that the wound is exposed. Absolute immobilization is stressed as rest is so important for the repair of tissues. The wounds are then left open to the air and protected from any pressure by a simple case made from Cramer wire and fixed to the plaster cast. By this absolute immobilization and open-air treatment it is claimed that better healing takes place in such wounds. The cases, of which a number were seen, appeared to do very well with this treatment.

The impression formed after a week at the Vienna Accident Hospital was that the treatment of fractures was of a high standard, and that both temporary and permanent disability had been reduced to a minimum. The success may be attributed to three factors: Firstly, the concentration of one branch of surgery in a hospital under one man so that methods were standardized and thus simplified for all taking part in the work. Secondly, the simple planning of the fracture clinic and the good organization; and lastly, the common sense and close attention to general principles, regardless of any old or orthodox teaching where the latter might seem to be in error.

JOHN P. HOSFORD.

BLOOD-CLOT CULTURES IN RHEUMATIC FEVER.

THE view is generally held that bacteria appear in the blood-stream with considerable frequency in the early stages of many acute infections. Typhoid fever may be cited as an example; severe pneumonia affords another. It is possible, although not proven, that in many other conditions a few organisms pass into the blood-stream but fail to multiply there and are soon destroyed. Absence of a particular organism from the blood has been considered a characteristic feature in some diseases and one of the diagnostic points by which rheumatic fever is differentiated from bacterial endocarditis is the failure to demonstrate streptococci in the blood in the former condition.

But to paraphrase Charles Kingsley in the *Water Babies*, it is not so much the absence of streptococci as the fact that these organisms have been seldom found in the blood-stream, which has been accepted as evidence

that rheumatic fever is not due to streptococcal infection.

Recent experiments seem to indicate fairly clearly that the blood in early acute rheumatic fever is not sterile, and that streptococci can be frequently found, given care, prolonged culture and sufficiently large samples of blood. Cultures should be taken before the administration of salicylate. The purpose of this article is to afford a brief summary of the experimental evidence bearing on this point.

Swift and Kinsella in 1917 studied a group of cases of rheumatic fever in the acute stage, at periods varying from a few hours to several days from the appearance of acute arthritis. They took 5 to 10 c.c. of blood, either laked in distilled water and centrifuged or as whole blood, and cultivated for some days. 58 patients were tested; streptococci were found in 7 cases—8.3%. Later in the illness cultures were invariably negative.

Clawson, in 1925, took 50 c.c. of blood, which was allowed to clot. The supernatant serum was pipetted off with the idea of removing antibodies, possibly present, which might inhibit growth. The clot was broken up in broth and cultivated for periods up to a month, the average time of culture being ten days. Clawson does not report the number of cases examined by him, but all were in the acute stage of rheumatic fever with arthritis, temperatures up to 102° F., and in most cases evidence of endocarditis. Streptococci were found in the blood in 13 cases.

Nye and Ségal, in 1928, took from 10 to 40 c.c. of blood and likewise separated and cultivated the clot for periods of a month. Clinically typical cases were selected. Cultures from 25 cases and 25 normal "controls" were alike sterile.

Lazarus Barlow, in 1928, cultivated the clot from 20 c.c. of blood for a month in cases of acute rheumatic fever. He failed to obtain any positive culture but does not state the number of cases examined.

Cecil, Nicholls and Stainsby in 1928-9 also cultivated the broken-up clot from 20 c.c. of blood for periods ranging up to six weeks; the average time in which growth appeared was seventeen days. Twenty-nine acute cases were tested by them in 1928 and from 9 streptococci were cultivated. Thirty-one cases tested the following year yielded 26 positives, this result being attributed to improvements of technique with increasing experience. Sixty-six controls, the majority cases of myositis or fibrositis, were all negative, with the exception of one man who was suffering from a form of rheumatism with pyrexia, clinically dissimilar from rheumatic fever. The published description of these experiments bears every evidence of care. Particular attention is drawn to the fact that blood-cultures were made twice on 9 of

the patients with rheumatic fever, that 8 of the early cultures yielded streptococci, but 2 only were positive later in the illness.

The results of Swift and of Cecil contrast with those of Nye and of Barlow. The possible streptococcal ætiology of rheumatic fever remains therefore a debatable point.

So much may turn on a right understanding of the cause of rheumatic fever that further study of this problem is fully justified. It is obvious that clear proof of a streptococcal origin of rheumatic fever would open the door to specific treatment.

The publicity afforded by the columns of this Journal has tempted us to submit this review in the hope that the interest of the Visiting and Resident Staff may be kindled and facilities afforded us for prosecution of an inquiry in the Hospital.

We are unhappily aware that our article lacks the lightness of tone and sprightly grace of treatment which customarily decorates these columns. We tender apologies for our dullness therefore but submit that the subject could not be treated otherwise than seriously.

R. R. ARMSTRONG.

R. S. JOHNSON.

INTER-HOSPITAL ATHLETIC SPORTS.

Held at Stamford Bridge, June 5th.

From the first, as had been anticipated, the meeting resolved itself into a struggle between Bart.'s and St. Thomas's, Guy's, the holders, never being in the picture.

St. Thomas's quickly established a lead by gaining first places in the Mile, 3 Miles, 120 Yards Hurdles, High Jump and Pole Jump, the latter event being won by L. T. Bond, the International and British Native Record Holder; while J. F. Bloss, with a following breeze, created a new record of 16 sec. in the 120 Yards Hurdles.

Bart.'s, however, began to compile points pretty steadily. The Quarter Mile finished with two Bart.'s men, C. E. D. H. Goodhart and W. F. Jopling, in front, the former winning in 54 sec. Six more second places were rapidly secured—Goodhart in the Half Mile; J. J. Youngman in the 100 Yards and Long Jump; C. B. Prowse in the High Jump, clearing 5 ft. 7 in.; J. Shields in the Pole Jump, clearing 10 ft.; and G. D. Wedd in the Weight, putting 34 ft. 8 in. Finally Bart.'s (W. F. Jopling, C. E. D. H. Goodhart, H. W. Rodgers, J. R. Strong) won the Relay Race, for the eighth consecutive year, in 2 sec. outside record time. Our take-overs were nearly perfect. It was an exciting finish to an exciting afternoon. Other points were scored for Bart.'s in 100 Yards—J. R. Hill, 4th; One Mile—J. R. Strong, 3rd, H. B. Lee, 4th; 3 Miles—J. R. Strong, 4th; 120 Yards Hurdles—H. W. Rodgers, 3rd; Weight—T. Shields, 4th.

Final Results.—St. Thomas's, 48 pts.; Bart.'s, 38½ pts.; Guy's, 28 pts. Charing Cross, King's, Middlesex, St. Mary's, London, also ran.

Very surprising were J. J. Youngman's performances. A man who, with next to no training, can run 100 yards in 10½ sec. and jump just under 21 ft. has considerable prospects of being a star.

The same applies to W. F. Jopling, who, at the Bart.'s sports, it will be recalled, ran a quarter mile well inside 53 sec.

C. B. Prowse is to be congratulated on his 5 ft. 7 in. effort in the High Jump. Every year he clears at least 5 ft. 6 in., and is one of our most consistent athletes.

We were unlucky to lose. Had T. R. Hill not been "crooked," had we been able to turn out a trained tug-of-war team, and with a

representative in the 220 yards final, we would have won quite comfortably.

On glancing over the results, it is evident that, while St. Thomas's "stars" were better than ours, yet Bart.'s must take first place for all-round strength. We were placed in every event except the 220 Yards, 440 Yards Hurdles and the Tug-of-War.

If three men per event were entered from each hospital, instead of two, we would most likely have come out on top. Or again, if the relay system were adopted even in a few track events, our relative positions would probably have been reversed. This system is becoming increasingly popular in modern athletics, and it is hoped will be introduced into the Inter-Hospitals Sports.

In conclusion we wish to congratulate St. Thomas's on their splendid performance, and we hope to be able to give them an even keener fight for the Shield next year.

J. R. S.
A. W. L.

THE ANNUAL HOSPITAL SPORTS.

Of recent years the Annual Sports have not been favoured with good weather, and May 31st was awaited by those in charge of the arrangements with some anxiety. However, Fortune's frowns were only occasional during the course of the afternoon, and the sunshine, which generally prevailed, more than compensated the one or two showers that fell.

It had been decided to hold the Sports on a Saturday this year in the hope that a greater number of supporters would be able to be present than on a Wednesday. While the number of spectators was larger than usual, the Club still views with intense regret the apathy of the great mass of Hospital students towards sports. One is led to wonder how the seven hundred students in the Hospital spend their Saturday afternoons, and to wish that at least once a year they might be attracted by the sylvan surroundings of Winchmore Hill.

The afternoon provided some excellent sport and some fine performances. Hill, as usual, ran a very fast 100 yards, and again gave the impression that if suitably trained he is capable of doing "evens." Prowse's jumping was again watched with the keenest interest. Strong showed himself a much improved runner, possessed of both admirable technique and the "will to win." It was extremely pleasing also to see other runners, such as Coltart and Lee, greatly improving on previous performances. But undoubtedly the most popular feature of the day was the running of our captain, C. E. D. H. Goodhart; in winning the 220 yards and the quarter mile he captivated the spectators by his graceful running and facile speed.

A very pleasant afternoon's sport was concluded by the presentation of cups and medals. This was done by the Matron, and we have to thank her for a duty kindly undertaken and graciously performed. The support of the Nursing Staff was also much appreciated, and incidentally it was noticed that Dr. Morley Fletcher's reference, in his vote of thanks to the Matron, to the possibility of the nurses having a sports meeting of their own was received with undisguised pleasure by many would-be Atalantas.

The Athletic Club has much cause for encouragement. The number of spectators was said to have been the best for five years. The success of younger runners shows that the future, which lies with them, is secure. And the general high standard of the performances compared favourably with that of any other year. *Sursum corda!* We lift up our hearts, confident that Bart.'s athletes, though linked to great traditions, are fully competent to carry out the great undertakings to which those traditions pledge them.

RESULTS.

- 100 Yards: 1, J. R. Hill; 2, J. J. Youngman. Time, 10½ sec.
220 Yards: 1, C. E. D. H. Goodhart; 2, W. D. Coltart. Time, 23½ sec.
440 Yards: 1, C. E. D. H. Goodhart; 2, W. F. Jopling. Time, 52½ sec.
1 Mile: 1, J. R. Strong; 2, H. B. Lee. Time, 4 min. 55 sec.
3 Miles: 1, J. R. Strong; 2, J. F. Varley. Time, 16 min. 25 sec.
880 Yards Handicap: 1, J. R. Strong (20 yds.); 2, A. Papert (15 yds.). Time, 2 min. 5 sec.
120 Yards Handicap: 1, L. H. Buckland (4 yds.); 2, C. M. Dransfield (1 yd.).
120 Yards Hurdles: 1, H. W. Rodgers; 2, C. B. Prowse. Time, 17½ sec.

Long Jump: 1, C. B. Prowse; 2, A. Papert. Distance, 19 ft. 10½ in.
 High Jump: 1, C. B. Prowse; 2, C. M. Dransfield. Height, 5 ft. 6 in.
 Putting the Weight: 1, W. Wedd; 2, J. Shields. Distance, 32 ft. 10 in.
 Throwing the Hammer: 1, W. Wedd; 2, J. Shields.
 Inter-Club Relay Race: 1, Association Football Club.
 Inter-Firm Tug-of-War: 1, Mr. Harold Wilson's Firm.

STUDENTS' UNION.

CRICKET CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. METROPOLITAN POLICE.

Result: Lost by 6 wickets.

May 24th, at Imber Court.

Winning the toss the Hospital batted first on a slow wicket. Against quite ordinary bowling only Boney (29) and Fulton (27, not out) shaped confidently, and the innings totalled only 99 runs. The Metropolitan Police obtained these runs for the loss of 4 wickets—MacLaren (35) batting well.

ST. BARTHOLOMEW'S HOSPITAL v. MIDDLESEX HOSPITAL.

FIRST ROUND INTER-HOSPITAL CUP.

Result: Won by 37 runs.

May 27th, at North Wembley.

Capper won the toss and chose to bat first on an extremely wet wicket. At the fall of the second wicket only 23 runs were on the board, but Wedd and Boney carried the score to 68, when the former was out, having contributed a valuable 29. Shortly after this Boney was caught at second slip for a carefully compiled 32. Helped by a not-out innings of 20 by Wheeler the score reached 130.

Middlesex never looked as though they were going to get the runs and were dismissed for 93 (Hay-Shunker 6 for 46).

ST. BARTHOLOMEW'S HOSPITAL v. OLD LEYSIANS.

Result: Draw.

June 7th, at Winchmore Hill.

The Hospital batted first on a perfect wicket, and had made 185 for 9 wickets when the innings was declared closed. Gilbert batted very well for 68, and while most of the team made runs, he received especially valuable support from Boney (33) and Shackman (23).

Given just under two hours in which to get the runs, the Old Leysians' batting was rather unenterprising, and at the close they had only scored 99 for the loss of 4 wickets.

ST. BARTHOLOMEW'S HOSPITAL v. CROYDON C.C.

Result: Won by 167 runs.

June 9th, at Winchmore Hill.

Batting first on a fast wicket the Hospital made 215. For this total they were largely indebted to Capper and Wheeler. Capper, whose ability was well known to the older members of the Club, delighted everyone by his return to form—as demonstrated by a very hard-hit 89. Wheeler, who has been showing excellent form, made 67.

Against excellent bowling by Anderson and Wedd, Croydon could only make 48 (Anderson 5 for 17, Wedd 5 for 23).

PAST v. PRESENT.

June 14th.

Our annual Past v. Present match was played in glorious weather before a good attendance.

The Present batted first, and on a fast and easy wicket runs came quickly. Gilbert played an excellent innings of 68, and Capper, again hitting very hard, was unlucky to miss his century by 4 runs. (In the Past v. Present match last year he also reached the "nineties.") Wedd rapidly hit up 34, and the innings was declared closed at a total of 248 for 6. Maley bowled well, taking 4 for 74.

Anderson again demonstrated his welcome return to form by an

excellent spell of bowling. Bowling very fast and an excellent length, he dismissed the first seven batsmen, breaking a stump on one occasion.

Anderson 7 for 16, Gabb 3 for 8.

Of the "Past" batsmen Gaisford, Bourne and Blair alone offered any resistance.

It would be a great help in organizing future "Past" teams if members of the 1st and 2nd teams wishing to play would, on becoming ineligible for the "Present," send their names to Dr. Geoffrey Bourne, 25, Harley Street, W. 1.

From the results it will be seen that a strong 1st XI is being evolved, and there is every reason to hope that we shall be successful in our 2nd Round Cup-tie with University College Hospital on Friday, June 20th.

The 2nd XI has been giving an excellent account of itself, and should win in the 2nd Round Cup-tie with London Hospital on Monday, June 23rd.
 J. E. A. O'C.

THE BOAT CLUB.

The Boat Club can look back on a successful year, and the main object of all the clubs, victory in the Inter-Hospital Competition, was attained.

In an early fixture against Westminster School 2nd VIII bow was ill, and against a good crew Bart.'s did not row their best. Westminster got away to a good start, and, rowing a faster stroke, gained ¾ length in about a minute. From there Bart.'s steadily improved, but were unable to overtake their opponents, being beaten by ½ length.

The VIII for the Inter-Hospital Boat Race was coached by A. MacCulloch, who won the Diamond Sculls in 1908. He took us out with the Westminster Bank crew, and the side-by-side practice combined with sound advice to "use your legs" proved very beneficial.

The United Hospitals Boat Race was held on May 30th, and the races were rowed from Putney to Hammersmith in the case of the VIII's and from Putney to the Mile Post in the IV's. No entry was made for the Clinker IV's.

The VIII's started rather late, and as a result the best water was missed, a cross wind making the water particularly unpleasant near Harrod's. The crews, from the Middlesex Station, were: London, Bart.'s, Guy's and St. Thomas's.

For the first 200 yards London led the rest by about ¼ length, but a strong "10" from Bart.'s then put them ahead. From here they forged steadily ahead, until, at Harrod's, they were just clear of St. Thomas's, who were several lengths ahead of London and Guy's. St. Thomas's improved their position slightly before the finish, but the Bart.'s crew, who rowed a long, rather slow stroke, with plenty of power, were not rattled, and passed the post ¾ length ahead, with London and Guy's dead-heating for third place, several lengths behind.

After this the heavens opened, and the rain descended in torrents for the remainder of the regatta. Dr. Donaldson (President of the United Hospitals B.C.) was not worried by this, and stuck to his seat on the launch throughout.

In the light IV's St. Thomas's were our only opponents, and they chose the Surrey side. The race was a ding-dong all the way, each crew leading in turn, but never by more than a few feet. The steering of both crews in the rough water was somewhat erratic, but J. Beresford, sen., who umpired, prevented any disasters. After a thrilling race Bart.'s proved the victors by the narrow margin of 3 ft.

Bart.'s have much for which to thank Mr. MacCulloch, who coached them with great keenness, and we must also congratulate him on having coached B.N.C., who stayed Head of the River at Oxford in Eight's Week.

We were glad to see several members of the Hospital at Putney to support us, and much regretted the unavoidable absence of our President, Mr. Rawling.

The dinner afterwards at L.R.C. was well attended, and was very successful.

The crews were:

VIII: Bow, H. F. Stephens; 2, R. Bennet; 3, E. Radcliffe; 4, R. H. H. Williams; 5, W. Wilson; 6, O. S. Tubbs; 7, R. G. Orr; stroke, G. Wynne-Thomas; cox, R. H. Knox.

IV: Bow, E. Radcliffe; 2, R. H. H. Williams; 3, W. Wilson; stroke, O. S. Tubbs.
 G. W.-T.

SWIMMING CLUB.

In the matches swum so far this season we have suffered very heavily from examinations, chiefly 2nd M.B. and Primary. Owing to these rival attractions we have not yet been able to float our full team.

The Final of the Inter-Hospitals Water Polo Cup and Swimming Cup, and also the Nurses' Swimming Cup, will be held at the Bath Club on Tuesday, July 1st.

In the Polo Cup we have almost as good a prospect of winning this year as we had last year, when we did so, though our lack of practice together may undo us.

Last year we were second in the Swimming Cup to Guy's; our prospects of winning the Cup are better this year, but it should be a close thing. University College Hospital, with Gilruth, who last year broke the Varsity quarter-mile record, are also to be feared.

On Tuesday, May 27th, we lost to the Old Citizens by one goal to nothing.

This was one of the best games we have had this season. Our passing was distinctly good, though the effect was cancelled by our uniformly bad shooting. F. A. Edwards played an outstanding game and saved the side on several occasions.

Team.—J. F. Fisher, F. A. Edwards, J. C. Lloyd Williamson, J. H. West, H. T. Halper, A. C. Kanaar, and R. R. Race.

On Tuesday, June 3rd, we lost to the Old Owens by 4 goals to 2. We lost the toss and defended the shallow end. At half-time we were leading by 2 goals to 1, both our goals being scored by Vartan with excellent shots. Early in the second half our opponents scored another goal and we were level until the last two minutes of the game, during which they added two more goals to their score.

Team.—C. K. Vartan, J. H. West, H. T. Halper, A. C. Kanaar, R. G. Gilbert, G. Jenkins and R. R. Race.

Water Polo Team (for the Inter-Hospital Cup-tie).

Goal, J. C. F. Lloyd Williamson; *R. back,* J. F. Fisher (captain); *L. back,* F. A. Edwards; *half,* R. J. C. Sutton; *L. forward,* J. H. West; *centre,* C. K. Vartan; *R. forward,* R. R. Race.

Swimming Team.—50 Yards: R. J. C. Sutton, A. C. Kanaar. 100 Yards: R. J. C. Sutton, C. K. Vartan. 200 Yards: C. K. Vartan, R. Sugden.

Diving.—R. G. Gilbert, G. Jenkins.

Team Race.—R. J. C. Sutton, C. K. Vartan, A. C. Kanaar, R. Sugden, F. A. Edwards, G. Jenkins. R. R. R.

SAILING CLUB.

Bart's are leading by quite a healthy margin on points for the Harvey Cup, presented by the Royal Corinthian Yacht Club, and the Bourne Cup, presented by Dr. Bourne of St. Mary's.

In the four races already held for the former Cup—

C. F. Watts with F. A. Richards scored a win on Easter Monday. W. F. Richards and A. C. Fraser secured a second place on May 10th. W. F. Richards and W. Cartwright obtained a second and a first at the two races held during the Whitsun week-end.

Two races only have been sailed so far for the Bourne Cup; Bart's securing first place in both of them.

W. F. Richards, with A. C. Fraser as crew, represented the United Hospitals in a team of three helmsmen and three crews against the Ranelagh Club at Putney. The Bart's boat secured a second place, the other Hospital boats unfortunately coming in last and last but one.

On Sunday the U.H.S.C. were entertained by the Rickmansworth S.C.—a perfect day only spoiled by the poorness of the placing of the Hospital boats, which came in the last two places in each race.

W. F. C.

BRITISH MEDICAL ASSOCIATION.

NINETY-EIGHTH ANNUAL MEETING, WINNIPEG, AUGUST 27-29, 1930.

The following St. Bartholomew's men are holding office or taking part in the proceedings of the Winnipeg meeting:

Section of Surgery.—Mr. H. W. CARSON is a Vice-President. Sir CHARLES GORDON-WATSON will open a Symposium of the Uses of Radium in Surgery.

Obstetrics and Gynaecology.—Dr. MALCOLM DONALDSON will speak on the Treatment of Lymphatic Glands in Carcinoma of the Cervix.

Mental Diseases and Neurology.—Dr. C. C. WORSTER-DROUGHT is an Honorary Secretary.

Preventive Medicine.—Dr. W. G. WILLOUGHBY is a Vice-President, and will speak on the Laboratory in a Scheme of Preventive Medicine and Dr. C. T. MAITLAND an Honorary Secretary.

Tuberculosis.—Sir HENRY GAUVAIN is a Vice-President.

Radiology.—Dr. MALCOLM DONALDSON is a Vice-President and will speak on Radium in the Treatment of Menorrhagia and Irregular Haemorrhage.

Orthopaedics.—Mr. E. LAMING EVANS is the President.

Medical Sociology and History of Medicine.—Sir HUMPHRY ROLLESTON is President.

REVIEWS.

MALE DISORDERS OF SEX. By KENNETH M. WALKER, F.R.C.S. (Jonathan Cape.) Pp. 191. Price 5s. net.

One of Messrs. Cape's "Modern Treatment Series," edited by Dr. Crookshank. This book succeeds well in achieving the common aim—that is, to keep the general practitioner abreast of all the latest developments in a specialized field. There are few men who could have been chosen to deal fairly by this important and rather neglected subject, and it is fortunate that this author's widely practical knowledge of physiology and psychology enables him to provide more than the purely surgical account, which might run the risk of overlapping a companion volume, *Surgical Diseases of the Genito-Urinary System*, by Ralph Coyte.

The physiology of sex is dealt with on almost conventional lines, and then the evidence in favour of a sexual cycle in man is discussed at some length and a weekly rhythm postulated, with, of course, its seasonal variation (see the poets). The next five chapters are devoted to the varieties of impotence, their treatment and relation to marriage. It is, perhaps, here that Mr. Facingbothways, the surgeon-psychologist, has a very powerful advantage. "Rightly or wrongly," he says, "the practitioner is apt to look upon the expert psychologist with suspicion. The psychologist, in common with other experts, looks at a patient from his own particular angle, and at times he forgets that a three-dimensional world is a world of many angles." But though he is "armed only with the experience of the consulting-room" the self-deprecatory term "non-expert" cannot be applied to a man who can as soon look at your verumontanum as your soul, to find one or both of them unduly turgid. The possible treatments mentioned are numerous, and a heap of literature is very fairly sifted. Under "Surgical Treatment" the author is a guarded appraiser of testicular grafting, though he describes very remarkable results in at least two cases in which he gives full case-histories. The effects of vasoligature he finds capricious, increase of bodily and mental vigour rather than of sexual power being seen at any rate in the elderly men on whom the operation is usually performed. This is, we think, in accordance with the general findings other than those of Lichtenstern himself. In our opinion the operation appears to be losing its *raison d'être*, owing to the doubt which is now being cast upon the classical function of the interstitial cells.

Homosexuality cannot as yet be cured by either grafting or psycho-analysis, nor (in all but Lichtenstern's remarkable case) by endocrine therapy; hopes are expressed both that a combination of physical and pschical treatment will in future lead to results, and also that the Law and Society may some day alter their attitude towards the invert. Sadism, Masochism and Fetishism are dealt with summarily, as they deserve.

The swing of the pendulum has recently led to the comfortable illusion that the treatment of masturbation is a hearty reassurance and a pat on the back. Mr. Walker sounds two notes of warning: first that it is criminal negligence to fail to find the physical lesion which so frequently underlies excessive masturbation, and secondly that its effects are never identical with those of coitus, since it carries with it a risk of excess and of mental conflict. Advice to be given to this common type of case is not the least valuable contribution of this book. The above-mentioned pendulum has also swung "coitus interruptus" into a state of universal condemnation, so that it is good to be reminded of the number of people who must use it without ill-effects.

The consideration of "Pollutions" (Chapter IX) involves the differential diagnosis of prostatorrhœa, nocturnal and diurnal

pollution, spermatorrhœa, etc., and is, with the next chapter on "Priapism," necessarily rather technical, so that it is perhaps with some relief that we are carried to the end of Part I on a wave of broad and benign philosophy entitled "Continence," which contains matter we have a great desire to forward in large type to our more prudish acquaintance.

Part II consists of some forty pages on Sterility, and is as complete and authoritative as we should expect of a Hunterian professor dealing with a pet subject. One of many practical points is the simple description of a technique for the spermatozoa count, which modern science demands in any case suggesting the condition of oligozoospermia and even in cases of repeated miscarriage (when the presence of feebly moving and abnormal types of spermatozoa in the semen would give a clue to the defective partner).

This attempt at a critical account does not err on the side of completeness, but rather hopes to hint at the wide sphere of usefulness compassed by these 185 pages. Its style and its quiet humour mark it off from the rather sticky works extant on the subject. We can confidently recommend it to the practitioner both as mental tonic and *vade mecum*; very possibly this may prove for him to be the most valuable member of this series. Our own criticism is the absence of a bibliography; the literature on this subject is choked with poor matter which the author has carefully sifted; even the shortest list of references would be of great assistance to the many who are sure to be stimulated to read of experimental work at first hand.

PHYSIOLOGICAL PRINCIPLES IN TREATMENT. By W. LANGDON BROWN, M.A., M.D.(Cantab.), F.R.C.P., and R. HILTON, M.A., M.B.(Cantab.), M.R.C.P. (London: Baillière, Tindall & Cox, 1930.) Pp. viii + 464. Price 10s. 6d.

Nothing could be more mutually beneficial than the increasing co-operation between medicine and physiology. A modern course of lectures on metabolism necessarily includes references to such conditions as hypoglycæmia, tetany and polyneuritis, and to such methods of treatment as ketogenesis or sympathetic ganglionectomy. The books which deal with this borderland between the two subjects are therefore of special interest at the present time, not only to the physician and the physiologist, but to the students of both subjects. Particular note should therefore be made of the book under review, a new and enlarged edition of which has just been published.

To us the book was most interesting and full of ideas. Many neat physiological applications and many clever points of treatment were to be found in it. Now according to custom the differences between this edition and the previous one should be pointed out. We give, instead, a brief summary of the contents of the new edition, feeling that the prospective reader would find that the more useful.

The contents of the book are, very briefly, as follows:

Chapter 1, on hormones, deals with Graves's disease, tetany, Addison's disease, pituitrin, the ovary and testis, the thymus and the liver.

Chapter 2, on gastric digestion, refers to the nervous and mechanical factors in secretion, hypo- and hyperchlorhydria, pyrosis, gastric ulcer, rectal feeding, Lenhart's diet and test-meal.

Chapter 3, on movements of stomach and intestines, deals with hour-glass constriction and dilated stomach, pyloric stenosis, intestinal stasis, adhesions and kinks.

Chapter 4, on work of the pancreas, deals with pancreatic failure in various forms.

Chapter 5, on the work of the liver, deals with pernicious anæmia, jaundice, cholæmia and pruritus.

Chapter 6, on uric acid and the purins, deals with gout and its various treatments.

Chapter 7, on the urine, deals with oxalate, phosphate and cystin excretion.

Chapter 8, on nephritis, deals with albuminuria, diet in nephritis, diaphoretics, uræmia.

Chapter 9, on diabetes, deals with grade of glycosuria, insulin and diets for diabetics.

Chapter 10, on ketosis and acidæmia, deals with diabetes, pregnancy, anaesthetics.

Chapter 11, on intestinal intoxication, deals with putrefaction, "louping ill," microbial cyanosis, sulphæmoglobinæmia, hæmatoporphyrinuria, lactic acid organisms, Plombières douches.

Chapter 12, on the heart, deals with disturbed cardiac rhythm, extra systoles, heart-block and compensation.

Chapter 13, on the vasomotor system, deals with the cerebral circulation, pulmonary oedema, high blood-pressure.

Chapter 14, on respiration, deals with toxic cyanosis, erythraemia, secondary cyanosis and dyspnoea and its treatment.

Chapter 15, on asthma, deals with the nervous and hormonal influence, anaphylaxis and treatment.

Chapter 16, on calcium, magnesium, etc., deals with coagulation of blood, clotting of milk, chilblains and headache.

Chapter 17, on the vitamins, deals with rickets, dental caries, beri-beri and scurvy.

The authors are to be congratulated on the style and interesting matter of the book, while the publishers have worthily attended to their side of its production.

THE ELEMENTS OF MEDICAL HIGH FREQUENCY AND DIATHERMY: FOR NURSES AND ASSISTANTS. By W. CLAUGHTON DOUGLAS, M.C., M.R.C.S., D.M.R.E. (London: H. K. Lewis & Co., 1930.) Pp. viii + 136. Illustrated. Price 6s.

Many valuable text-books on this technical subject contain more than the nurse requires. This little book deserves praise for its conciseness and simplicity. It is explicitly written, and illustrated by 65 diagrams of arrangement of apparatus.

The first chapters are on magnetism and electricity, and the various methods of obtaining the A.C. current from mains, ordinary cell or battery. A thorough understanding of these first principles is essential.

The rest of the book contains a valuable account of the methods of applying high-frequency currents and diathermy and a summary of the uses of this treatment. Placed last is a useful appendix of fuses and fuse-wires.

THE EXTRA PHARMACOPEIA OF MARTINDALE AND WESTCOTT. Revised by W. HARRISON MARTINDALE, Ph.D., F.C.S. Volume II. 19th edition. (London: H. K. Lewis & Co., Ltd., 1929.) Pp. xxxviii + 759. Price 22s. 6d.

This is the second volume of the nineteenth edition of a work, which has been noteworthy for its completeness and for the way in which it has been frequently revised and brought up to date. Volume I of this work deals mainly with treatment by drugs. Volume II is concerned with analysis and assay of drugs and foods and contains sections on bacteriology and radiology. It may be said to act as an appendix to the more important Volume I, but has its own excellence; the extent of its subject-matter gives it a high place in works dealing with therapeutics; and as an addition to Volume I it is invaluable.

A MANUAL OF DISEASES OF THE EYE. By CHAS. H. MAY, M.D., and CLAUD WORTH, F.R.C.S. Sixth edition. (London: Baillière, Tindall & Cox, 1930.) Pp. viii + 475. 337 figures and 22 coloured plates. Price 15s.

This is the sixth edition of a manual which has been always justly popular. The manual has been designed for the student and for the general practitioner. Fundamental facts are discussed in full. Rare diseases are mentioned and dismissed briefly. Stress is laid on those conditions which the general practitioner is likely to have to recognize and treat, and on those manifestations which should warn him of the necessity of calling in the specialist. Rarer conditions are seen in their true perspective and a proper sense of values is established. An excellent feature is the brief anatomical and physiological survey which heads each chapter. The section on errors of refraction is clear and sufficient. Two chapters are devoted to ocular therapeutics and to pre-operative treatment. Post-operative treatment is discussed with the descriptions of the operations themselves. The illustrations are plentiful and clear. The coloured illustrations of external appearances are good and well selected. There is a sufficiently complete atlas of pathological fundus changes. This edition has been fully revised, and there is an important addition in a chapter contributed by Mr. T. Harrison-Butler, on the use of the slit-lamp. The manual ends with a copy of the regulations of the visual requirements of the British and Indian public services. The selection of material, the clear presentation of it and the balance obtained should make this sixth edition as popular as its predecessors.

DISEASES OF WOMEN. By TEN TEACHERS. Edited by COMYNS BERKELEY, M.D., F.R.C.P., F.R.C.S., H. RUSSELL ANDREWES, M.D., B.S., F.R.C.P., and J. S. FAIRBAIRN, M.B., F.R.C.P., F.R.C.S. Fourth edition. Illustrated. (London: Edw. Arnold & Co., 1930.) Pp. xii + 558. Price 18s.

The new edition of this well-known gynaecological text-book will be welcomed by both students and practitioners. While the general arrangement of the various sections remains practically unaltered, the subject-matter has been thoroughly revised and brought up to date. In particular the sections on anatomy and physiology have been recast and brought into accordance with recent investigations and put before the reader in a very comprehensible manner. The all too short account of the various methods of treating carcinoma of the cervix by radium therapy is an addition. It would have been improved, however, if, despite the difficulty in correlating the results obtained by different methods, some figures and account of the results obtained by radium were given.

The illustrations and plates are of a high standard, and the volume can be confidently recommended both to practitioners and to students about to take their final examination.

HYGIENE FOR NURSES. By JOHN GUY and G. J. I. LINKLATER. (Edinburgh: E. & S. Livingstone, 1930.) Price 3s. 6d.

A book that combines the matter necessary for an examination syllabus with a fund of information which can be referred to while engaged in practical work is one among many. This volume appears to have attained such a standard.

It is refreshing to read a book on hygiene in which less attention is paid to the differences between "long and short hoppers," and more to matters of more general utility, such as personal hygiene. A long chapter (one-sixth of the book) is devoted to the care of patients at various times of life, and closes with the words: "The breaking, in old age, of the associations of a lifetime usually accelerates death." This short quotation will give some indication of the quality of the wisdom contained.

The ground is thoroughly but concisely covered, and at the end of the volume there are several useful appendices and a good index.

CORRESPONDENCE.

To the Editor, 'St. Bartholomew's Hospital Journal.'

DEAR SIR,—Now that another of our *illuminati* has passed away in the person of the late Poet Laureate, and the tomb of the great Harvey is to be sheltered from the winds and weather at Hampstead Church, Essex, would not it be a suitable occasion to commence commemorating them in our great Parthenon—Rahere's St. Bartholomew's the Great—so near and dear to the hearts of all *alumni* of their *Alma Mater*?

11, Oakfield Road,
Clifton, Bristol,
May 17th, 1930.

I am,
Yours, etc.,
ANDREW ELLIS WYNTER.

EXAMINATIONS, ETC. University of Cambridge.

The following degrees have been conferred:
M.D.—Fiddian, J. V., Firman-Edwards, L. P. L., Hilton, R.
M.B.—Poole, J. C. C.

University of London.

Third (M.B., B.S.) Examination for Medical Degrees, May, 1930.

Pass.—Baker, E. F. D., Beattie, D. A., Bell, A. C. H., Huss, C. B., Price, R. K., Scott, J. M., Watkin, J. H.

Supplementary Pass List.

Group I.—Barnes, F. G. L., Claxton, E. E., Risk, R. S., Stanley Jones, D.

Group II.—Caplan, A., Page, A. P. M., Price, D. C.

Royal College of Surgeons.

The Diploma of *Fellow* has been conferred on the following:
Ashmawi, M. I., Bell, A. C. H., Bennett, L. A., Cawthorne, T. E., Currie, D. W., Formby, M. L., Giblin, T., Grainger, R., Kindersley, C. E., Livingstone, G. H., Macdonald, E. I. A., Maxwell, R. J. C., Metha, S. J., Milner, J. G., Sandrey, J. G., Srinivasan, V., Stewart, H. H., Taylor, H.

CHANGES OF ADDRESS.

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GRIFFIN, F. W. W., 38, Brunswick Square, W.C. 1.

HAYNES, G. S., The Corner House, 1, Trumpington Street, Cambridge. (Tel. Cambridge 222.)

APPOINTMENTS.

BETT, W. R., M.R.C.S., L.R.C.P., appointed House Surgeon to the East London Hospital for Children, Shadwell, E. 1.

CLARK, B. M., M.R.C.P.(Lond.), appointed Chief Medical Officer to the Mufulira Copper Mines, Ltd.

HISCOCKS, H. F., M.B., B.S.(Lond.), appointed Honorary Anaesthetist to the Victoria Hospital, Southend.

LEGGE, Sir THOMAS M., C.B.E., M.D.(Oxon.), appointed Medical Adviser and Consultant to the Social Insurance Branch of the Trades Union Council.

SELBOURNE, H., M.B., B.S.(Lond.), appointed Resident Surgical Officer to St. Bartholomew's Hospital, Rochester.

WEST, R. G. R., M.D., M.R.C.P., appointed Medical Registrar to the Hospital for Nervous Diseases, Maida Vale, W. 9.

BIRTHS.

HOLMES.—On May 21st, 1930, at 76, Herbert Road, Plumstead, to Madeleine (*née* Cullinan), wife of Dr. Laurence Holmes—a son.

SMITH.—On May 26th, 1930, at the Elms, Ford, Salisbury, to May, wife of Flight-lieutenant S. B. S. Smith, Royal Air Force Medical Service—a daughter.

MARRIAGES.

CHURCH—TRACEY.—On May 19th, 1930, at the Cathedral, Kampala, Uganda, by Rev. Canon E. S. Daniell, John Edward Church, M.R.C.S., L.R.C.P., eldest son of Canon E. and Mrs. Church, Cambridge, to Decima Mary Tracey, M.B., B.S., youngest daughter of the late H. Eugene Tracey and of Mrs. Tracey, Willand, Devon.

CLARK—BELL-JOHN.—On February 28th, 1930, at St. Mark's Church, Yeoville, Johannesburg, Bernard Maule Clark, M.R.C.P., second son of Mr. and Mrs. W. H. Clark, of Johannesburg, to Phillis Lyne Bell-John, M.Sc., eldest daughter of Mr. and Mrs. H. Bell-John, of Pretoria.

THWAITES.—MOORE.—On June 21st, 1930, at St. Mary Magdalene's, Wandsworth Common, by the Rev. N. C. Moore, brother of the bride, assisted by the Rev. E. Crawford, Vicar, Percy Thwaites, M.B., B.S., of Streatham, to Hilda May, daughter of Mr. and Mrs. Moore, of Wandsworth Common.

DEATHS.

BURNSHAW.—On June 5th, 1930, after a short illness, Dr. Max Burnshaw, formerly Bernstein.

DINGLE.—On June 15th, 1930, at "Strathmore," Ilfracombe, Devon, Frances Amelia, wife of Dr. W. A. Dingle, formerly of Finsbury Square, E.C., aged 80.

WOOLDRIDGE.—On June 6th, 1930, at Camberley, Arthur Tylee Wooldridge, M.R.C.S., L.R.C.P., L.S.A.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, E.C. 1.

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